

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Balanced Plan 2AL</b>
<b>O-EPIC Health Plan ID</b>	<b>H01337</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$25 / Specialist \$25
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Balanced Plan 10A</b>
<b>O-EPIC Health Plan ID</b>	<b>H01338</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$20 / Specialist \$40
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Balanced Plan 7AF</b>
<b>O-EPIC Health Plan ID</b>	<b>H01339</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1500
<b>Office Visit Copay</b>	\$25 / Specialist \$50
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Consumer Plan 7AW</b>
<b>O-EPIC Health Plan ID</b>	<b>H01340</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	100% paid after deductible
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Consumer Plan 1RB</b>
<b>O-EPIC Health Plan ID</b>	<b>H01341</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	100% paid after deductible
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Consumer Plan 7AV</b>
<b>O-EPIC Health Plan ID</b>	<b>H01342</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	100% paid after deductible
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Consumer Plan 7AL</b>
<b>O-EPIC Health Plan ID</b>	<b>H01343</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1500
<b>Office Visit Copay</b>	100% paid after deductible
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Balanced Plan 2AO</b>
<b>O-EPIC Health Plan ID</b>	<b>H01344</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25 / Specialist \$50
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan Balanced 100 Plan <b>9LY/ OYL</b> ** 9LY & OYL are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01498</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9LY) \$25 / Specialist \$25 (OYL)
<b>Pharmacy (17 Options)</b>	Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan Balanced 100 Plan <b>9LZ/ OYU</b> ** 9LZ & OYU are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01499</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9LZ) \$25 / Specialist \$25 (OYU)
<b>Pharmacy (17 Options)</b>	Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan Balanced 100 Plan <b>9L1/ OY-A</b> ** 9L1 & OY-A are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01500</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9L1) \$25 / Specialist \$25 (OY-A)
<b>Pharmacy (17 Options)</b>	Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan Balanced 100 Plan <b>9L2/ OYC</b> ** 9L2& OYC are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01501</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9L2) \$25 / Specialist \$25 (OYC)
<b>Pharmacy (17 Options)</b>	Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Plan Balanced 100 Plan <b>9U3/9L3/OYE</b> ** 9U3,9L3 & OYE are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01502</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30 / Specialist \$30 (9U3) \$30 / Specialist \$60 (9L3) \$30 / Specialist \$30 (OYE)
<b>Pharmacy (17 Options)</b>	Plan 0K4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan Balanced 100 Plan <b>9L6/ OY-B</b> ** 9L6 & OYB are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01503</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1500
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9L6) \$25 / Specialist \$25 (OYB)
<b>Pharmacy (17 Options)</b>	Plan 0K4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan Balanced 100 Plan <b>9L7/ OYD</b> ** 9L7 & OYD are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01504</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9L7) \$25 / Specialist \$25 (OYD)
<b>Pharmacy (17 Options)</b>	Plan OK4 \$10/25/40 Plan O5V \$10/35/60/100 with \$100 ded Plan OI \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan O2V \$10/\$35/\$60

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Traditional Plan <b>9LA/ 9UA</b> ** 9LA & 9UA are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01505</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9LA) \$25 / Specialist \$25 (9UA)
<b>Pharmacy (17 Options)</b>	Plan OK4 \$10/25/40 Plan O5V \$10/35/60/100 with \$100 ded Plan OI \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan O2V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Traditional Plan <b>9LB/ 9UB</b> ** 9LB & 9UB are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01506</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9LB) \$25 / Specialist \$25 (9UB)
<b>Pharmacy (17 Options)</b>	Plan 0K4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Traditional Plan <b>9LF/ 9UF</b> ** 9LF & 9UF are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01507</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9LF) \$25 / Specialist \$25 (9UF)
<b>Pharmacy (17 Options)</b>	Plan 0K4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan Traditional Plan <b>9LG/ OYJ</b> ** 9LG & OYJ are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01508</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9LG) \$25 / Specialist \$25 (OYJ)
<b>Pharmacy (17 Options)</b>	Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Traditional Plan <b>9LQ/ 9UQ</b> ** 9LQ & 9UQ are similar plans w/ different OVC copays**
<b>O-EPIC Health Plan ID</b>	<b>H01509</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$25 / Specialist \$50 (9LQ) \$25 / Specialist \$25 (9UQ)
<b>Pharmacy (17 Options)</b>	Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 0I \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan <b>6UJ/OY4</b>
<b>O-EPIC Health Plan ID</b>	<b>H01556</b>
<b>Individual Annual Deductible (in-network)</b>	\$1,500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1,500 + DEDUCTIBLE = \$3,000
<b>Office Visit Copay</b>	\$35, SPECIALIST: \$35
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Premiere Plan <b>6UI/OY3</b>
<b>O-EPIC Health Plan ID</b>	<b>H01557</b>
<b>Individual Annual Deductible (in-network)</b>	\$1,500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1,500 + DEDUCTIBLE = \$3,000
<b>Office Visit Copay</b>	\$25; SPECIALIST: \$25
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Premiere Plan 6UK/OY5</b>
<b>O-EPIC Health Plan ID</b>	<b>H01558</b>
<b>Individual Annual Deductible (in-network)</b>	\$2,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1,000 + DEDUCTIBLE = \$3,000
<b>Office Visit Copay</b>	\$35, SPECIALIST: \$35
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	<b>UnitedHealthcare Choice Plus Premiere Plan T5Z</b>
<b>O-EPIC Health Plan ID</b>	<b>H01670</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2,500 + DEDUCTIBLE= \$3,000
<b>Office Visit Copay</b>	\$20; SPECIALIST: \$40
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UHC NAVIGATE-10/100 AC-D6</b>
<b>O-EPIC Health Plan ID</b>	<b>H01792</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$10/ Specialist \$30
<b>Pharmacy</b>	\$10/35/60

<b>Health Plan Name</b>	<b>UHC NAVIGATE-20/2000/100% AC-D9</b>
<b>O-EPIC Health Plan ID</b>	<b>H01794</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20/ Specialist \$60
<b>Pharmacy</b>	\$20/45/80

<b>Health Plan Name</b>	<b>UHC NAVIGATE-25/1000/80% AC-ED</b>
<b>O-EPIC Health Plan ID</b>	<b>H01796</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25/ Specialist \$75
<b>Pharmacy</b>	\$15/40/70

<b>Health Plan Name</b>	<b>Choice Plus Premier 25/500/80% AAUB</b>
<b>O-EPIC Health Plan ID</b>	<b>H01812</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25/ Specialist \$50
<b>Pharmacy</b>	\$10/35/60

<b>Health Plan Name</b>	<b>CHOICE PLUS PLATINUM 0 AAT3</b>
<b>O-EPIC Health Plan ID</b>	<b>H01928</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1500
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	\$10/35/60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>CHOICE PLUS PLATINUM 250 AAT4</b>
<b>O-EPIC Health Plan ID</b>	<b>H01929</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	\$10/35/60

<b>Health Plan Name</b>	<b>CHICE PLUS GOLD 3000 PREMIER AAT7</b>
<b>O-EPIC Health Plan ID</b>	<b>H01930</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	\$20/45/80

<b>Health Plan Name</b>	<b>CHOICE PLUS GOLD 2000-1 AL56</b>
<b>O-EPIC Health Plan ID</b>	<b>H01931</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	\$20/45/80

<b>Health Plan Name</b>	<b>CHOICE PLUS GOLD 1500 HSA AMCS</b>
<b>O-EPIC Health Plan ID</b>	<b>H01932</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$0
<b>Pharmacy</b>	\$15/40/70

<b>Health Plan Name</b>	<b>UHC NAVIGATE BG-HW</b>
<b>O-EPIC Health Plan ID</b>	<b>H02043</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	PHARM 099: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$70/SPEC\$300

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UHC NAVIGATE BG-HX</b>
<b>O-EPIC Health Plan ID</b>	<b>H02044</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	PHARM 099: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$70/SPEC\$300

<b>Health Plan Name</b>	<b>UHC NAVIGATE AV-LD (AC-D8)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01986</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	PHARM DT: TIER1:\$15/SPEC\$15 TIER2:\$40/SPEC\$100 TIER3:\$70/SPEC\$300

<b>Health Plan Name</b>	<b>UHC NAVIGATE BI-7U</b>
<b>O-EPIC Health Plan ID</b>	<b>H02084</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	PHARM DT: TIER1:\$15/SPEC\$15 TIER2:\$40/SPEC\$100 TIER3:\$70/SPEC\$300

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BI-7X</b>
<b>O-EPIC Health Plan ID</b>	<b>H02085</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	PHARM NS: TIER1: \$10/SPEC\$10 TIER2: \$35/SPEC\$100 TIER4: \$60/SPEC\$300

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BI-7Y</b>
<b>O-EPIC Health Plan ID</b>	<b>H02086</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	PHARM NS: TIER1: \$10/SPEC\$10 TIER2: \$35/SPEC\$100 TIER4: \$60/SPEC\$300

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BI-78</b>
<b>O-EPIC Health Plan ID</b>	<b>H02087</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	PHARM DV: TIER1: \$20/SPEC\$20 TIER2: \$45/SPEC\$100 TIER4: \$80/SPEC\$300

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BI-79</b>
<b>O-EPIC Health Plan ID</b>	<b>H02088</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	PHARM DV: TIER1: \$20/SPEC\$20 TIER2: \$45/SPEC\$100 TIER4: \$80/SPEC\$300

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BI-8B</b>
<b>O-EPIC Health Plan ID</b>	<b>H02089</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	PHARM DV: TIER1: \$20/SPEC\$20 TIER2: \$45/SPEC\$100 TIER4: \$80/SPEC\$300

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UHC STANDARD PLAN BI-70</b>
<b>O-EPIC Health Plan ID</b>	<b>H02090</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	PHARM 099: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$70/SPEC\$300

<b>Health Plan Name</b>	<b>UHC STANDARD PLAN BI-7P</b>
<b>O-EPIC Health Plan ID</b>	<b>H02091</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	PHARM 099: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$70/SPEC\$300

<b>Health Plan Name</b>	<b>CHARTER BRVL/099</b>
<b>O-EPIC Health Plan ID</b>	<b>H02135</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	PHARM: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$100/SPEC\$300 TIER4:\$125/SPEC\$500

<b>Health Plan Name</b>	<b>NAVIGATE BRNJ/099</b>
<b>O-EPIC Health Plan ID</b>	<b>H02136</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	PHARM: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$100/SPEC\$300 TIER4:\$125/SPEC\$500

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>CHARTER BRVK/099</b>
<b>O-EPIC Health Plan ID</b>	<b>H02137</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	PHARM: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$100/SPEC\$300 TIER4:\$125/SPEC\$500

<b>Health Plan Name</b>	<b>CHOICE PLUS BRNB/099</b>
<b>O-EPIC Health Plan ID</b>	<b>H02138</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	PHARM: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$100/SPEC\$300 TIER4:\$125/SPEC\$500

<b>Health Plan Name</b>	<b>NAVIGATE BRNK /099</b>
<b>O-EPIC Health Plan ID</b>	<b>H02139</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	PHARM: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$100/SPEC\$300 TIER4:\$125/SPEC\$500

## UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>CHOICE PLUS BRNA/099</b>
<b>O-EPIC Health Plan ID</b>	<b>H02140</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	PHARM: TIER1:\$15/SPEC\$15 TIER2:\$50/SPEC\$100 TIER3:\$100/SPEC\$300 TIER4:\$125/SPEC\$500

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Balanced Plan <b>5TF/TOM</b>
<b>O-EPIC Health Plan ID</b>	<b>H01333</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20 / Specialist \$20
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Balanced Plan <b>6TD</b>
<b>O-EPIC Health Plan ID</b>	<b>H01334</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25 / Specialist \$25
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

## UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Balanced Plan <b>7TD/T48</b>
<b>O-EPIC Health Plan ID</b>	<b>H01335</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25 / Specialist \$25
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Traditional Plan <b>4OG</b>
<b>O-EPIC Health Plan ID</b>	<b>H01336</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25 / Specialist \$25
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Traditional Plan <b>7EI/TZ7</b>
<b>O-EPIC Health Plan ID</b>	<b>H01522</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$20 / Specialist \$20
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

<b>Health Plan Name</b>	UnitedHealthcare Choice Plus Balanced 100 – Plan <b>T4J/T5L</b>
<b>O-EPIC Health Plan ID</b>	<b>H01523</b>
<b>Individual Annual Deductible (in-network)</b>	\$2,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2,000
<b>Office Visit Copay</b>	\$25 / Specialist \$40
<b>Pharmacy (17 Options)</b>	Plan OCG \$15/45/80/160 with 250 ded Plan ODS \$15/45/85/200 Plan OK4 \$10/25/40 Plan 05V \$10/35/60/100 with \$100 ded Plan 001 \$10/35/70 Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan G4 \$10/30/50 with \$100 deductible Plan S8 \$10/30/50 with \$250 deductible Plan JB \$10/\$30/\$50 Plan JC \$10/\$30/\$50 with \$100 deductible Plan JD \$15/\$35/\$60 Plan JE \$15/\$35/\$60 with \$100 deductible Plan JF \$15/\$40/\$70 Plan JG \$15/\$40/\$70 with \$250 deductible Plan JH \$20/\$45/\$75 Plan JI \$20/\$45/\$75 with \$250 deductible Plan 02V \$10/\$35/\$60

## UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	Choice Plus Balanced 20/1000/80% Plan <b>T4T/T51</b>
<b>O-EPIC Health Plan ID</b>	<b>H01549</b>
<b>Individual Annual Deductible (in-network)</b>	\$1,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3,000
<b>Office Visit Copay</b>	\$20/ Specialist: \$20
<b>Pharmacy (17 Options)</b>	\$10/10/25 \$35/35/87.50 \$60/60/150 \$100/100/250

<b>Health Plan Name</b>	Choice Plus Balanced 100-25/3000/100% Plan <b>T4L/T5N</b>
<b>O-EPIC Health Plan ID</b>	<b>H01550</b>
<b>Individual Annual Deductible (in-network)</b>	\$3,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3,000
<b>Office Visit Copay</b>	\$25/ Specialist: \$25
<b>Pharmacy</b>	\$10/10/25 \$35/35/87.50 \$60/60/150 \$100/100/250

<b>Health Plan Name</b>	Choice Plus Balanced 100-25/2500/100% Plan <b>T4K/T5M</b>
<b>O-EPIC Health Plan ID</b>	<b>H01551</b>
<b>Individual Annual Deductible (in-network)</b>	\$2,500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2,500
<b>Office Visit Copay</b>	\$25/ Specialist: \$25
<b>Pharmacy</b>	\$10/10/25 \$35/35/87.50 \$60/60/150 \$100/100/250

<b>Health Plan Name</b>	Choice Plus Traditional w/ Deductible – 20/250/80% Plan <b>7MR/TZ4</b>
<b>O-EPIC Health Plan ID</b>	<b>H01552</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2,250
<b>Office Visit Copay</b>	\$20/ Specialist: \$20
<b>Pharmacy</b>	\$10/10/25 \$35/35/87.50 \$60/60/150 \$100/100/250

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UHC NAVIGATE-10/100 BC-UF (AG-VF/AC-EN)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01793</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$10 / Specialist \$30
<b>Pharmacy</b>	Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan 3B \$15/35/60 Plan IU \$15/40/75 Plan QF \$15/45/85 Plan EJ \$15/45/85/200 Plan 51 \$20/50/100 Plan 2V \$10/35/60

<b>Health Plan Name</b>	<b>UHC NAVIGATE-20/2000/100% BC-UI (AG-VI/AC-EQ)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01795</b>
<b>Individual Annual Deductible (in-network)</b>	\$2,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3,000
<b>Office Visit Copay</b>	\$20/ Specialist \$60
<b>Pharmacy</b>	Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan 3B \$15/35/60 Plan IU \$15/40/75 Plan QF \$15/45/85 Plan EJ \$15/45/85/200 Plan 51 \$20/50/100 Plan 2V \$10/35/60

<b>Health Plan Name</b>	<b>UHC NAVIGATE-25/1000/80% BC-UM (AG-VM/AC-EU)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01797</b>
<b>Individual Annual Deductible (in-network)</b>	\$1,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3,000
<b>Office Visit Copay</b>	\$25/ Specialist \$75
<b>Pharmacy</b>	Plan H9 \$10/30/50 Plan 2V \$10/35/60 Plan 3B \$15/35/60 Plan IU \$15/40/75 Plan QF \$15/45/85 Plan EJ \$15/45/85/200 Plan 51 \$20/50/100 Plan 2V \$10/35/60

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>GOLD CHOICE PLUS 2000 PREMIER AAUK/AL59</b>
<b>O-EPIC Health Plan ID</b>	<b>H01842</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	\$15/40/70 \$20/45/80

<b>Health Plan Name</b>	<b>GOLD CHOICE PLUS 1500 PREMIER AEHZ</b>
<b>O-EPIC Health Plan ID</b>	<b>H01843</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	\$25/45/80

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BC-UR (AG-VT/2T-T)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01851</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER 25/500/100% BC-US (AG-VU/2T-U)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01721</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER 25/1000/100% BC-UT (AG-VV/2T-V)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01722</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

Health Plan Name	CHOICE PLUS PREMIER 25/1500/100% <b>BC-UU</b> (AG-VW/2T-W)
O-EPIC Health Plan ID	<b>H01723</b>
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER <b>BC-UZ</b> (AG-V2/2T-2)
O-EPIC Health Plan ID	<b>H01852</b>
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER <b>BC-U9</b> (AG-WA/2U-U)
O-EPIC Health Plan ID	<b>H01853</b>
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER <b>BC-VH</b> (AG-WI/2U-8)
O-EPIC Health Plan ID	<b>H01854</b>
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER <b>BC-VP</b> (AG-WQ/2V-5)
O-EPIC Health Plan ID	<b>H01855</b>
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

Health Plan Name	CHOICE PLUS PREMIER <b>BC-WC</b> (AG-XC/AB-IW)
O-EPIC Health Plan ID	<b>H01860</b>
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER 25/1000/80% <b>51B</b> WITH RX
O-EPIC Health Plan ID	<b>H01725</b>
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER 30/2000/80% <b>BU-6P (BJ-UP)</b> (51C WITH RX)
O-EPIC Health Plan ID	<b>H01726</b>
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER 30/2000/50% <b>51D</b> WITH RX
O-EPIC Health Plan ID	<b>H01727</b>
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS <b>BJ-E9</b> (AG-U9/AB-IL)
O-EPIC Health Plan ID	<b>H01861</b>
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$0
Pharmacy	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>CHOICE PLUS 2000/100% PLAN AE-3J (2J-Y)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01728</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$0
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS CONSUMER 2000/80% PLAN 51A WITH RX</b>
<b>O-EPIC Health Plan ID</b>	<b>H01724</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$0
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS 3000/100 PLAN 509</b>
<b>O-EPIC Health Plan ID</b>	<b>H01862</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$0
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UHC POS BG-IU</b>
<b>O-EPIC Health Plan ID</b>	<b>H02041</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UHC POS BG-IV</b>
<b>O-EPIC Health Plan ID</b>	<b>H02042</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UHC NAVIGATE AV-LE (AC-D9)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01987</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	PHARM DV: TIER1: \$20/SPEC\$20 TIER2: \$45/SPEC\$100 TIER4: \$80/SPEC\$300

<b>Health Plan Name</b>	<b>UHC NAVIGATE AV-LH (AC-ED)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01988</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	PHARM DT: TIER1:\$15/SPEC\$15 TIER2:\$40/SPEC\$100 TIER3:\$70/SPEC\$300

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER AV-LZ</b>
<b>O-EPIC Health Plan ID</b>	<b>H01985</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	PHARM DV: TIER1: \$20/SPEC\$20 TIER2: \$45/SPEC\$100 TIER4: \$80/SPEC\$300

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BC-V8 (AV-LL/AG-W8/AB-IS)</b>
<b>O-EPIC Health Plan ID</b>	<b>H01856</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1500
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	PHARM NS: TIER1: \$10/SPEC\$10 TIER2: \$35/SPEC\$100 TIER4: \$60/SPEC\$300

## UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BC-V9</b> (AV-LM/AG-W0/AB-IT)
<b>O-EPIC Health Plan ID</b>	<b>H01857</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	PHARM NS: TIER1: \$10/SPEC\$10 TIER2: \$35/SPEC\$100 TIER4: \$60/SPEC\$300

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BC-WA</b> (AV-LY/AG-XA/AB-IU)
<b>O-EPIC Health Plan ID</b>	<b>H01858</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35 (\$30)
<b>Pharmacy</b>	PHARM DV: TIER1: \$20/SPEC\$20 TIER2: \$45/SPEC\$100 TIER4: \$80/SPEC\$300

<b>Health Plan Name</b>	<b>CHOICE PLUS PREMIER BC-WB</b> (AV-L2/AG-XB/AB-IV)
<b>O-EPIC Health Plan ID</b>	<b>H01859</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35 (\$25)
<b>Pharmacy</b>	PHARM DV: TIER1: \$20/SPEC\$20 TIER2: \$45/SPEC\$100 TIER4: \$80/SPEC\$300

<b>Health Plan Name</b>	<b>UHC NAVIGATE BU-6Q (BJ-UQ)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02059</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UHC NAVIGATE BU-60 (BJ-UO/ NO)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02083</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS BC-U2M</b>
<b>O-EPIC Health Plan ID</b>	<b>H02141</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA SELECT BU-7C</b>
<b>O-EPIC Health Plan ID</b>	<b>H02176</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA SELECT BU-6T</b>
<b>O-EPIC Health Plan ID</b>	<b>H02177</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA SELECT BU-6S</b>
<b>O-EPIC Health Plan ID</b>	<b>H02178</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA SELECT BU-65</b>
<b>O-EPIC Health Plan ID</b>	<b>H02179</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA CHOICE PLUS BU-64</b>
<b>O-EPIC Health Plan ID</b>	<b>H02180</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA CHOICE PLUS BU-7D</b>
<b>O-EPIC Health Plan ID</b>	<b>H02181</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA CHARTER BQ-BU</b>
<b>O-EPIC Health Plan ID</b>	<b>H02182</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA NAVIGATE BQ-CC</b>
<b>O-EPIC Health Plan ID</b>	<b>H02183</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA NAVIGATE BQ-CD</b>
<b>O-EPIC Health Plan ID</b>	<b>H02184</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE ILLINOIS CHOICE PLUS BT-MD</b>
<b>O-EPIC Health Plan ID</b>	<b>H02185</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA CHARTER BQ-B5</b>
<b>O-EPIC Health Plan ID</b>	<b>H02186</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA CHARTER BQ-B3</b>
<b>O-EPIC Health Plan ID</b>	<b>H02187</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA CHARTER BQ-BN</b>
<b>O-EPIC Health Plan ID</b>	<b>H02188</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$750
<b>Office Visit Copay</b>	\$10
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT BT-TM</b>
<b>O-EPIC Health Plan ID</b>	<b>H02189</b>
<b>Individual Annual Deductible (in-network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS BR-NU</b>
<b>O-EPIC Health Plan ID</b>	<b>H02170</b>
<b>Individual Annual Deductible (in-network)</b>	\$2250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$40
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS CD-YX</b>
<b>O-EPIC Health Plan ID</b>	<b>H02212</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>1</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS CD-ZX</b>
<b>O-EPIC Health Plan ID</b>	<b>H02213</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS CD-1J</b>
<b>O-EPIC Health Plan ID</b>	<b>H02214</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>CHOICE PLUS CD-YY</b>
<b>O-EPIC Health Plan ID</b>	<b>H02215</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS CD-ZY</b>
<b>O-EPIC Health Plan ID</b>	<b>H02216</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA CHARTER CD-16</b>
<b>O-EPIC Health Plan ID</b>	<b>H02217</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CD-ZA</b>
<b>O-EPIC Health Plan ID</b>	<b>H02218</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CD-1I</b>
<b>O-EPIC Health Plan ID</b>	<b>H02219</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS CD-1V</b>
<b>O-EPIC Health Plan ID</b>	<b>H02223</b>
<b>Individual Annual Deductible (in-network)</b>	\$2750
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER CD-2C</b>
<b>O-EPIC Health Plan ID</b>	<b>H02224</b>
<b>Individual Annual Deductible (in-network)</b>	\$2750
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CD-1U</b>
<b>O-EPIC Health Plan ID</b>	<b>H02225</b>
<b>Individual Annual Deductible (in-network)</b>	\$2750
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS CO-FV</b>
<b>O-EPIC Health Plan ID</b>	<b>H02237</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2800
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS CO-FW</b>
<b>O-EPIC Health Plan ID</b>	<b>H02238</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2750
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CO-GC</b>
<b>O-EPIC Health Plan ID</b>	<b>H02239</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2800
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER CD-ZW</b>
<b>O-EPIC Health Plan ID</b>	<b>H02240</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER CO-GD</b>
<b>O-EPIC Health Plan ID</b>	<b>H02241</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2750
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CO-FX</b>
<b>O-EPIC Health Plan ID</b>	<b>H02242</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2750
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CD-1I</b>
<b>O-EPIC Health Plan ID</b>	<b>H02248</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER CO-GO</b>
<b>O-EPIC Health Plan ID</b>	<b>H02249</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER CO-GS</b>
<b>O-EPIC Health Plan ID</b>	<b>H02250</b>
<b>Individual Annual Deductible (in-network)</b>	\$2750
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CD-Y9</b>
<b>O-EPIC Health Plan ID</b>	<b>H02251</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS CV-SM</b>
<b>O-EPIC Health Plan ID</b>	<b>H02265</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS CV-TF</b>
<b>O-EPIC Health Plan ID</b>	<b>H02266</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CV-82</b>
<b>O-EPIC Health Plan ID</b>	<b>H02267</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2450
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS CV-TG</b>
<b>O-EPIC Health Plan ID</b>	<b>H02268</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS CV-8X</b>
<b>O-EPIC Health Plan ID</b>	<b>H02269</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2450
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER CV-85</b>
<b>O-EPIC Health Plan ID</b>	<b>H02270</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2450
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS CV-TH</b>
<b>O-EPIC Health Plan ID</b>	<b>H02271</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

## UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER CV-TK</b>
<b>O-EPIC Health Plan ID</b>	<b>H02272</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT CV-SV</b>
<b>O-EPIC Health Plan ID</b>	<b>H02273</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options